

## ISSUE SLIP STAPLE AREA (for additional cross references)

5/18/90

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Date   |
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| 1     | 5/9/90 |
| 2     | 6/1/90 |
| 3     | 1/2/93 |
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| 11    | ✓✓     |
| 12    | ○      |
| 13    | ✓      |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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